

Quick Notes

Issue No. 9

December 15, 2004

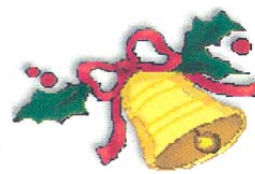
IP Inpatient Discharges

ED Emergency Department

AS Ambulatory Surgery



Happy Holidays



From all of us in the Patient Data Section



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Are you Ready?

As the reporting deadlines quickly approach, in this issue of Quick Notes we ask you to assess how ready your facility is to report Emergency Department and/or Ambulatory Surgery data. Getting ready requires that your facility tackle both technical and business requirements.

To assist you in this assessment, the OSHPD Patient Data Section has prepared a checklist, located on page 2.

Will you rank a Perfect 10?





Is Your Facility *Really* Ready for MIRCal Data Reporting?

Ask Yourself These Key Questions:



Do you plan to submit data during the voluntary period? If yes, have you notified OSHPD?

Simply send an e-mail to mircal@oshpd.ca.gov and let us know that you will be submitting data for the voluntary period.



Do you have procedures and systems in place to capture and report the required data elements?

MIRCal supports manual record entry or file submissions. Check the MIRCal Informational Web Site (IWS) <http://www.oshpd.ca.gov/mircal/resources.htm> for File & Format Specifications and Definitions of Data Element, as noted in the reporting manuals.



If appropriate, have you checked with your software vendor to ensure they are ready?

Ensure vendor readiness by participating in the voluntary report period (Oct-Dec 2004).



Do you have a computer that meets the minimum system configuration necessary to access MIRCal?

Verify your minimum requirements online at <http://www.oshpd.ca.gov/MIRCal/gettingstarted.htm>.



Have you provided Primary Contact information to OSHPD's Patient Data Section?

Facility Contact letters were mailed in November to facilities new to MIRCal. Send your contact information to OSHPD via US mail, fax (916) 322-9555 or e-mail to mircal@oshpd.ca.gov.



Have you notified OSHPD who your facility User Account Administrator (UAA) is by completing and returning the UAA Agreement Form?

UAA Registration packages were mailed to facilities that are new to MIRCal. A signed original UAA form must be mailed to OSHPD before access to MIRCal can be given to the UAA. Additional UAA forms can be downloaded at:

<http://www.oshpd.ca.gov/mircal/programs/IP/forms/UAAAgreementForm.pdf>.



Freestanding ASC's, do you know your 6-digit MIRCal Facility ID number? ID #:

You will need this when submitting data. Your unique facility ID number is included on your mailing label or can be located online at <http://www.oshpd.ca.gov/mircal/programs/AS/FreestandingList.pdf>.



Do you know the name and phone number of the OSHPD Analyst assigned to your facility?

Name:

Phone #:

Your assigned analyst will contact you with a username and password after your completed UAA agreement form(s) have been received and processed by OSHPD.



Have you read the ED and AS Data Reporting Manual?

Go to <http://www.oshpd.ca.gov/MIRCal/new/index.htm>. This manual will provide data element definitions and discussions to clarify the reporting requirements.



Have you taken the MIRCal Computer Based Training (CBT)?

Our revised CBT, which includes lessons for ED & AS reporting, is scheduled to be released in December 2004. Watch for updates posted to the MIRCal IWS. Your Primary contact will be notified via e-mail when it is available.

Ready Ranking: 1-4 stars – Give us a Call 5-7 stars – Almost Ready 8-10 stars – You are READY

For more information on OSHPD reporting requirements to MIRCal, visit our Web site at www.oshpd.ca.gov/mircal or call us at (916) 324-6147.

Additional Information on Outpatient Procedures

In a prior Quick Notes Issue #5, cancelled procedures were addressed in the article on "Reporting Procedures". The statement to report cancelled procedure 'to the extent to which it was actually performed' applies to procedure codes using ICD-9-CM codes, not CPT codes. Based on comments received regarding this statement, we researched the issue further.

We learned that if a procedure was interrupted or cancelled, one billing rule stated to code the procedure as 'complete', with a modifier (73 or 74) to show the procedure was interrupted or cancelled. This billing rule was found in Medicare Carriers' Manual Section 5100B and Medicare Claims Processing Manual, Chapter 4 – Part B Hospital (Including Inpatient Hospital Part B and OPPS) in 20.6.4 (Rev.1, 10-03-03) on Use of Modifiers for Discontinued Services.

It could produce a hardship for reporting entities to code 'to the extent' the procedure was performed for OSHPD versus code the procedure as 'complete' with a modifier for billing.

Section 128737 of the California Health and Safety Code states that each hospital and freestanding ambulatory surgery clinic shall file an Ambulatory Surgery Data Record for each patient encounter during which at least one ambulatory surgery procedure is performed. This may affect several types of cancelled procedure scenarios as described in CPT modifiers 73 and 74.

For those encounters where an ambulatory surgery procedure was not performed, you are not to report the AS record to OSHPD. If the AS record was reported to OSHPD without a procedure, it will be flagged an error for a missing procedure code.

For those encounters where an ambulatory surgery procedure was started (e.g., anesthesia was administered), you must report the AS record to OSHPD.

According to the ED and AS surveys conducted in November and December 2003, most facilities are coding V64 (reasons for cancelled procedure) as an Other Diagnosis code. Since we cannot collect modifiers, data users will need to rely on the diagnosis code V64 as an Other Diagnosis to explain the reason for incomplete procedure. We also learned from coding consultants and CASA that interrupted procedures are relatively uncommon and should not impact data studies as long as V64 code is included on the record reported to OSHPD.

Question: Should cancelled procedures be reported?

Revised Answer: If a procedure is begun but cannot be completed, report the record to OSHPD showing the CPT procedure code. Modifiers will not be accepted by OSHPD. Code one of the V codes (V64) as an Other Diagnosis to explain the reason for incomplete procedure.

To Fee or Not to Fee? That is the question!

The California Health and Safety Code, Section 127280, defines the special annual fee charged to health facilities for programs funded by the California Health Data and Planning Fund. Please note special circumstances in 2004:

- **NO** *new or increased* ED and/or AS data reporting fee will be assessed to hospitals already reporting Inpatient data.
- **NO** fees will be assessed to freestanding Ambulatory Surgery Centers (ASCs) for voluntary reporting of 2004 data.
- **YES**, in the future when the Expanded Phase of MIRCal is operational and reporting is mandatory, freestanding ASCs will be assessed one annual fee based on the total number of encounters they report. Test submissions are encouraged and do not impact the annual fee.

Watch for Primary Contact e-mails, Quick Notes and MIRCal Informational Web Site updates for announcements of annual fee invoices and due dates.



MIRCal Availability

MIRCal is temporarily unavailable. We are conducting system maintenance and updates for Emergency Department and Ambulatory Surgery data collection. It is anticipated that MIRCal will be available in February 2005.

The MIRCal informational site www.oshpd.ca.gov/mircal will continue to be available during this time. Please check it for updates and new resources. If you have any questions, please e-mail your analyst or the MIRCal mailbox at mircal@oshpd.ca.gov.



**** IMPORTANT DATES ****

ED & AS Data Collection Project

Final Regulations	December 2004
Computer Based Training	December 2004
MIRCal System Rollout	January/February 2005

ED & AS Proposed Due Dates:

Oct 1, 2004 - Dec 31, 2004	Voluntary
Jan 1, 2005 - Mar 31, 2005	Due May 15, 2005
Apr 1, 2005 - June 30, 2005	Due August 14, 2005
July 1, 2005 - Sept 30, 2005	Due November 14, 2005

IP, ED & AS Proposed Extension Days:

A maximum of 14 extension days is proposed for reports in 2005.

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***Next Issue:
Rollout & Training***